



ADULT SERVICE PERFORMER/WORKER LICENSE APPLICATION

Date of Application (mm/dd/yy): _____

FILE NO: _____

Application Type

Adult Service Performer (must reside within Saskatoon)

☐ **New Applicant \$275**

☐ **Renew License \$110**

A person who is employed by, affiliated with or contracted by an Adult Service Agency to perform an adult service on behalf of the agency. Must reside within the City of Saskatoon.

Adult Service Worker

☐ **New Applicant \$275**

☐ **Renew License \$110**

A person who is employed by an Adult Service Agency in a capacity other than as an Adult Service Performer.

Application Checklist

☐ **Proof of Identity and Age**

- Identification must include a photo, and be government issued

☐ **Proof of Canadian Citizenship or Residency Status**

- Canadian citizenship card, passport, PR Card, birth certificate

☐ **Criminal Record Check** - issued within the past 3 months

- Original document must be attached—**copies will not be accepted**

☐ **Completed Application Form**

☐ **Application Fee**

- Make cheques payable to: City of Saskatoon

Important Information

- If you do not reside within the City of Saskatoon, please complete the Transient Adult Services application from.
- Adult Service Performers and/or Workers must be employed by an Adult Service Agency. If a Performer is not affiliated with or contracted by an Agency, they will be required to apply for an Independent Adult Service Agency License.
- You may be required to hold multiple Adult Service Licenses. E.g., performing out-call adult services as an Independent Agency and performing in-call adult services as a Performer with an Adult Service Agency.
- Adult Service Performers and/or Workers must inform the City of Saskatoon (by email at business.license@saskatoon.ca or by phone at 306-975-2658) if information initially provided in the application changes (e.g., change in address, phone number, email).

For more information contact us at: business.license@saskatoon.ca or call **306-975-2658**

Visit our website for additional information on application type, process and requirements: www.saskatoon.ca/businesslicense

Applications can be dropped off or mailed to:
**CITY OF SASKATOON, COMMUNITY STANDARDS,
3RD FLOOR, 222 - 3RD AVENUE NORTH, SASKATOON, SK S7K 0J5**

Adult Service Performer/Worker Information (Please Print Clearly)

Name: _____ Date of Birth: _____
First Name Middle Initial Surname mm/dd/yyyy
(name must be as shown on proof of identity)

Alias/Nickname(s) used: _____

Address: _____
Unit # Street Name & Direction City Province Postal Code

Mailing Address: _____
(if different then above) Unit # Street Name & Direction City Province Postal Code

Home/Cell Phone: _____ Personal Email: _____

Agency Information (Please Print Clearly)**Current Place(s) of Employment:** (if more space is required, please use additional form)

Performers and/or Workers must be employed by at least one Adult Service Agency.

1. **Agency Name:** _____
Agency Address: _____
Agency Phone: _____
Agency Website(s): _____
Alias/Nickname(s) used at Agency: _____
2. **Agency Name:** _____
Agency Address: _____
Agency Website(s): _____
Agency Phone: _____
Alias/Nickname(s) used at Agency: _____
3. **Agency Name:** _____
Agency Address: _____
Agency Phone: _____
Agency Website(s): _____
Alias/Nickname(s) used at Agency: _____

Declaration of Applicant

I hereby certify that all statements contained within this application are true, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is the same force and effect as if made under oath, and by virtue of the *Canada Evidence Act*.

Applicant's Signature

Date

For Office Use Only:

License ID: _____ Approved by: _____ Date: _____

Comments: _____

Cash Receipt#: _____ Amount Paid: _____ Method of Payment: _____ Cheque #: _____